PRODUCE AND GREENHOUSE VENDOR - Locally Grown LICENSE APPLICATION

City of Adams - 101 N. Main St., P.O. Box 1009 Adams, WI 53910

Phone: (608) 339-6516 FAX: (608) 339-8170

License Fee	Receipt #		
Cash Bond	Date		
Cash Bond Receipt #			
Date Bond Refunded			
	FOR OFFICE USE ONLY		

Businesses where the owner and employee/representative are the same person may submit one application under the business rate. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee. Check the

Employees/representatives must apply no less than 72 hours before planned		•	
1 month @ \$40.0	_	6-month @ \$50.00	
Date of Application:		Date Licensing Period Begins	
BUSINESS I	NFORMATION FOR I	PRODUCE ONLY SELLERS	
Business Name		Ownership Type	
Business Address			
Visconsin Seller's Permit#	Contact Person _		Tel #
ocal address and telephone number from which buconduct business.)		(Submit statement from property of	owner giving permission to
Owner/On-site Contact Name		Birth Date _	
Owner/On-site Contact Driver's License Number			State Issued
Nature of Business to be conducted and a brief des			·
Proposed method of delivery of goods, if applicable			
	BOND		
Oollar Value of Most Expensive Item Being Sold			
Check Bond Type: Cash Sure			
Sheck Bolid Type Cash Sure	ty Amount	Sulety Folicy	r ellou
Price of Most Expensive Goods Cash	/Surety Bond Required		
\$1 to \$99.99	\$N/A	Cash bonds are refundable after 60 days from the licer	
\$100 to \$249.99	\$2,000	expiration date, if the City Clerk has received no notice	
\$250 to \$499.99	\$5,000	complaints or received assurance from a complainant that	
\$500 to \$999.99	\$7,500	claim has been satisfied, whichever occurs last. Surety bonds	
\$1,000 or More	\$10,000	be kept on file until expiration da	ate.
, hereby appoint the City Clerk as my agent to acceraid applicant in connection with the direct sales ac			
		icant	
Subscribed and sworn to before me this da	ay of	, 20	
Notary Public / My Commission Expires			
			_
Make/Year/Plate Number of Vehicle(s) To Be Used			
Names of the last three (3) cities, villages, or towns			
2)			
Place where applicant can be personally contacted Address	(, ,	• ,	
Criminal record related to transient merchant busine			
omminai record reialed to transient merchant busine	:55 1 es	_ ino (ii yes, give nature oi oirense	anu iocation)

I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.

Date Signature _